

## MILPERSMAN 1306-1208

### LIMITED DUTY (LIMDU) REEVALUATIONS

<b>Responsible Office</b>	NAVPERSCOM (PERS-821)	Phone:	DSN	882-3229
			COM	901-874-3229
			FAX	882-2622

---

<b>References</b>	BUMEDINST 1300.2 EPMACINST 5000.3D (Transient Personnel Administration Manual) NAVMED P-117, Manual of the Medical Department
-------------------	---

#### 1. Policy

a. Each component of the limited duty (LIMDU) reevaluation system (member, member's parent command, servicing Personnel Support Detachment (PERSUPPDET) or personnel office, and cognizant naval medical treatment facility (MTF)) shall assist in ensuring the medical reevaluation is promptly completed and required reports are expeditiously processed.

b. The most efficient and successful geographical LIMDU programs occur when managers of the LIMDU population meet to discuss issues on a regular basis; therefore, LIMDU coordinators from the MTF, PERSUPPDET, and commands with LIMDU personnel assigned shall meet at a minimum of once a month to resolve problems and analyze the process.

c. Suggestions for improvement in the LIMDU population management process should be submitted to Navy Personnel Command (NAVPERSCOM), Disability Retirement/Limited Duty Branch (PERS-821); Enlisted Placement Management Center (EPMAC) (EP-48); and EPMAC Detachment (DET), Transient Monitoring Unit (TMU) as soon as possible.

2. Command Responsibilities. Commands with LIMDU personnel assigned shall do the following:

a. Designate a single point of contact (POC) LIMDU coordinator to track and monitor personnel assigned to LIMDU. LIMDU coordinators cannot be in a LIMDU status.

b. Provide the LIMDU coordinator's name and telephone number to the servicing PERSUPPDET or personnel office and the Patient Administrative Office of the servicing MTF.

c. Ensure LIMDU personnel remain available and report for scheduled follow-up care and reevaluation appointments.

d. Ensure the PERSUPPDET or personnel office is informed of the results of all LIMDU follow-up and reevaluation appointments within 24 hours of their completion.

e. Ensure personnel found fit for duty complete operational screening per BUMEDINST 1300.2.

f. Ensure leave (other than emergency) is not granted within 90 days of member's expiration of medical board.

g. Ensure the member reports to the servicing PERSUPPDET/personnel office when required for LIMDU update, status change, and/or submission of availability report, if indicated.

h. Investigate instances where members fail to report for scheduled appointments, initiate disciplinary action where appropriate, and coordinate with the PERSUPPDET or personnel office and MTF in arranging an immediate make-up appointment.

3. **PERSUPPDET/Personnel Office Responsibilities.** The servicing PERSUPPDET or personnel office shall do the following:

a. Designate a single POC LIMDU coordinator to track and monitor personnel assigned to LIMDU. LIMDU coordinators cannot be in a LIMDU status.

b. Comply with all requirements regarding the management of LIMDU personnel outlined in this manual, EPMACINST 5000.3D, and all associated relevant instructions.

c. Appropriate entries will be made on all personnel gained or changed to a LIMDU status (accounting category code (ACC) 105). Input appropriate changes as they occur.

d. Request reevaluation appointments from the cognizant MTF, info the member's parent command, via message no later than 90 days prior to expiration of the LIMDU period (Exhibit 1 is a sample of the appointment request). Members will remain on this message until reevaluation appointment is scheduled by the MTF.

e. When notified of reevaluation appointments by the MTF, issue letter orders (Exhibit 2) to the LIMDU member, via the member's parent command, directing the member to report to the medical board section of the MTF's Patient Administrative Office at least 30 minutes prior to the appointment with all appropriate medical records.

f. Submit a **Monthly Status Update of LIMDU Personnel** message (negative reports are required). Refer to MILPERSMAN 1306-1204.

g. Change the member's status (ACC)/submit an availability report and associated tracer actions, if appropriate, when the member is found fit for duty and has passed operation suitability screening.

h. Ensure member's projected rotation date (PRD) is correctly adjusted if NAVPERSCOM (PERS-821) approves an additional period of LIMDU as a result of a reevaluation appointment (the **Monthly Status Update of LIMDU Personnel** message can be used).

i. Verify PRDs for all personnel on LIMDU and take appropriate action as required by this article.

j. Track the status of for duty (FORDU) (ACC 100) personnel awaiting final disposition by Physical Evaluation Board (PEB) or departmental review.

k. Ensure service records contain a copy of NAVMED 6100/1 (Rev. 10-83), Medical Board Report Cover Sheet and messages requesting additional LIMDU periods. Case files will be maintained per EPMACINST 5000.3D.

4. **Cognizant Control Naval MTF Responsibilities.** The cognizant MTF shall do the following:

a. Designate a single POC to coordinate and schedule LIMDU reevaluations.

b. Establish procedures to provide LIMDU reevaluation appointments on a priority basis.

c. LIMDU coordinators at MTFs will hold monthly meetings with area LIMDU coordinators to review and discuss potential problems and analyze existing processes.

d. Maintain medical records for LIMDU personnel separately to assist in identification and processing. Flag medical records

for aviation, submarine, and other special duty personnel assigned to LIMDU to further assist in identification and processing.

e. Per NAVMED P-117, chapter 18, advise NAVPERSCOM (PERS-821), BUMED (M3M31), EPMAC DET TMU, the member's parent command, and the servicing PERSUPPDET or personnel office via a weekly message of the status of all LIMDU reevaluations conducted during the previous week. This message shall be released each Friday. Exhibit 3 is a sample of a **Weekly LIMDU Reevaluation Disposition** message. It is the responsibility of the servicing MTF to ensure results of all reevaluations held the previous week are included on this message.

f. Provide the member's command, info the servicing PERSUPPDET/personnel office, with the requested reevaluation appointments by message within 10 working days from the receipt of the request for reevaluations. Provide complete justification should the reevaluation appointment not be scheduled at least 60 days prior to the expiration of the LIMDU period (see Exhibit 4 for a sample of the message response). In cases where appointments cannot be scheduled due to system limitations, a message response must be provided within 10 days of receipt of each reevaluation request from the PERSUPPDET or personnel office.

g. Complete the reevaluation no later than 60 days prior to the expiration of the LIMDU to **ensure one of the following actions** is completed prior to the end of the member's LIMDU period:

(1) **The member is found fit for duty.**

(2) **Medical Evaluation Board (MEB) report submitted to NAVPERSCOM (PERS-821) for departmental review requesting an additional period of LIMDU.**

(3) **MEB report is referred to PEB for a fitness determination.**

h. Establish local procedures to ensure the member reports to the Patient Administrative Office immediately before and after all follow-up and reevaluation appointments.

5. **Member Responsibilities.** Members assigned to LIMDU shall do the following:

a. Be personally responsible for adhering to medical advice to ensure rehabilitation during the LIMDU period.

b. Strictly comply with the procedures directed by the PERSUPPDET or personnel office and the MTF for reevaluation processing.

c. Report for follow-up care as scheduled and the reevaluation appointment no later than 60 days prior to the expiration of the LIMDU period.

d. Immediately advise the Navy hospital's Patient Administrative Office, PERSUPPDET LIMDU coordinator, and their parent command LIMDU coordinator of the results of any follow-up/reevaluation appointments and changes in their status.

EXHIBIT 1

SAMPLE REEVALUATION APPOINTMENT REQUEST MESSAGE

(Use the proper message format containing the following.)

FROM PERSUPPDET/PERSONNEL OFFICE  
TO NAVHOSP \_\_\_\_\_//  
INFO PARENT COMMANDS (LIST ALL CMD W/LIMDU PERS FOR WHICH  
APPOINTMENT REQUESTED)  
TRANSMONUNIT NEW ORLEANS LA  
UNCLAS//N06320//  
SUBJ/REQUEST FOR LIMDU PERS REEVAL APPOINTMENTS//  
MSGID/GENADMIN/(PERSUPPDET/PERSONNEL OFFICE/-/-//  
REF/A/DOC/MILPERSMAN//  
REF/B/RMG/(PERSUPPDET/PERSONNEL OFFICE/000000ZNOV91/-/NOTAL//  
NARR/REF A IS MILPERSMAN ARTICLE 1306-1208. REF B IS MY \_\_\_\_\_ REQ  
FOR LIMDU REEVAL APPTS//  
RMKS/1. FOL PERS HAVE LIMDU PRD \_\_\_\_\_. PER REF A REQ SKED  
REEVAL APPT.  
NAME RATE SSN CLINIC/DR UIC/COMD  
SMITH, R. B. SN 000000000 ORTHO/PETERS 00207/NAS JAX  
JONES, A.J. MM3 000000001 PSHYCO/WOOD 00204/NAS CECIL  
MATT, D. NMN SK2 000000002 ORTHO/PETERS 55467/NTC ORL  
WILLIAMS, J.D. BM3 000000003 INTMED/JONES 00000/NSB KSBAY  
2. FOL PERS HAVE LIMDU PRD PRIOR TO \_\_\_\_\_. REQ SKED REEVAL  
APPT. REF B IS MY PREVIOUS REQUEST FOR LIMDU REEVAL APPT.  
NAME RATE SSN CLINIC/DR UIC/COMD PRD  
HORNBLLOWER, H. DP2 000000004 ORTHO/PETERS 00207/NAS JAX 8907  
FISHER, E.G. PNC 000000005 INTMED/JONES 00207/NAS JAX 8911  
FELDERS, L.U. AT2 000000006 ORTHO/PETERS 00207/NAS JAZ 8912  
//  
BT

EXHIBIT 2

**SAMPLE LIMDU REEVALUATION LETTER AND CHECK SHEET**

(Use the proper letter format containing the following.)

From: Officer in Charge, Personnel Support Activity  
Detachment  
( Station )  
To: ( Member )  
Via: Commanding Officer ( Member's parent command )

Subj: LIMITED DUTY REEVALUATION APPOINTMENT

Ref: (a) MILPERMAN Article 1306-1208  
(b) NAVMED P-117, Manual of the Medical Department,  
Chapter 18

Encl: (1) Limited Duty Reevaluation Check Sheet

1. References (a) and (b) state that a member on limited duty (LIMDU) must be reevaluated no later than 2 months prior to the expiration of the LIMDU period. This also applies to personnel on second and subsequent periods of LIMDU. A LIMDU reevaluation appointment has been scheduled as follows:

DATE: TIME: PLACE: NAVHOSP PORTSVA -

2. You are not authorized to reschedule this reevaluation appointment for personal convenience (including annual leave).

3. You are to report in the uniform of the day with your medical record to the Patient Administrative Office, located                     , NAVHOSP                      no later than ( 30 minutes prior to appointment ).

4. You are to ensure that enclosure (1) is endorsed by the doctor and the Patient Administrative Office as indicated and returned to your command LIMDU coordinator immediately after your reevaluation appointment. The command LIMDU coordinator will ensure that enclosure (1) is received by the Personnel Support Detachment (PERSUPPDET) LIMDU coordinator within 24 hours after the appointment.

5. Failure to comply with the requirements herein constitutes a violation of the Uniform Code of Military Justice, Article 86 (failure to go to appointed place of duty) and Article 92 (failure to obey a lawful order).

6. If you have any questions regarding this matter, you or your command's LIMDU coordinator should contact ( PERSUPPDET LIMDU coordinator ) at ( phone number ).

EXHIBIT 2 (Continued)  
SAMPLE LIMDU REEVALUATION LETTER AND CHECK SHEET

\_\_\_\_\_  
(NAME/RATE)

\_\_\_\_\_  
(DEPARTED COMMAND)

\_\_\_\_\_  
ARRIVED NAVHOSP MEDICAL BOARDS SECTION

THE PURPOSE OF THIS DOCUMENT IS TO ASSIST IN MONITORING THE  
LIMITED DUTY (LIMDU) STATUS OF PERSONNEL REQUIRING REEVALUATION.

ENDORSEMENT TO BE COMPLETED BY DOCTOR (MUST SIGN APPROPRIATE  
BLOCK).

REEVALUATION COMPLETED AND MEMBER FOUND FIT FOR FULL DUTY

\_\_\_\_\_  
MEMBER FOUND FIT FOR FULL DUTY AND MAY BE MADE  
AVAILABLE IMMEDIATELY.

\_\_\_\_\_  
MEMBER WILL BE FIT FOR FULL DUTY UPON COMPLETION OF  
CURRENT LIMDU AND MAY BE MADE AVAILABLE FOR  
TRANSFER AT PRD.

REEVALUATION COMPLETED AND MEMBER FOUND NOT FIT FOR FULL DUTY

\_\_\_\_\_  
MONTHS ADDITIONAL LIMDU RECOMMENDED (TOTAL  
LIMDU DOES NOT EXCEED 12 MONTHS).

\_\_\_\_\_  
MONTHS ADDITIONAL LIMDU RECOMMENDED MEDICAL  
BOARD TO BE DICTATED FOR DEPARTMENTAL REVIEW (TOTAL  
LIMDU EXCEEDS 12 MONTHS).

\_\_\_\_\_  
MEDICAL BOARD TO BE DICTATED REFERRING MEMBER'S  
CASE TO THE PHYSICAL EVALUATION BOARD.

THE COMPLETED MEDICAL BOARD REPORT MUST BE FORWARDED WITHIN  
10 DAYS TO THE SERVICING PERSUPPDET/PERSONNEL OFFICE.

IF REEVALUATION WAS NOT COMPLETED AS REQUIRED BY NAVMED P-117,  
CHAPTER 18, INCLUDE COMPLETE JUSTIFICATION FOR NON-COMPLIANCE TO  
BE REPORTING TO COMNAVMEDCOM, YOUR MEDICAL REGIONAL COMMAND, AND  
COMNAVPERSCOM:

DOCTOR'S SIGNATURE

\_\_\_\_\_  
DEPARTED NAVHOSP MEDICAL BOARDS SECTION  
\_\_\_\_\_  
REPORTED COMMAND



EXHIBIT 3

SAMPLE WEEKLY LIMDU REEVALUATION DISPOSITION MESSAGE  
(Use the proper message format containing the following.)

FM NAVHOSP \_\_\_\_\_  
TO COMNAVPERSCOM MILLINGTON TN//PERS-821//  
PARENT COMMAND(S) OF MEMBER(S)  
SERVICING PERSUPDET(S)/PERSONNEL OFFICE(S)  
INFO BUMED WASHINGTON DC//331//  
TRANSMONUNIT NEW ORLEANS LA  
BT  
UNCLAS //N06320//  
MSGID/GENADMIN/NAVHOSP\_\_\_\_\_/--//  
SUBJ: WEEKLY LIMDU REEVALUATION DISPOSITION  
REF/A/DOC/MANMED, CHAP 18//  
REF/B/GENADMIN/COMNAVPERSCOM MILLINGTON TN/211500Z OCT88//  
REF/C/GENADMIN/COMNAVPERSCOM MILLINGTON TN/280001Z NOV88//  
RMKS/1. PER REFS A THROUGH C, FOL IS IMMEDIATE UPDATE OF LIMDU PERS FOR THE  
PERIOD \_\_\_\_\_ TO \_\_\_\_\_.

A. FOL PERS EVALUATED AND FOUND FIT FOR FULL DUTY OR FIT FOR FULL DUTY AT  
EXPIRATION OF CURRENT LIMDU PERIOD. SERVICING PERSUPDET/PERSONNEL OFFICE  
SHOULD SUBMIT AVAIL AND/OR CHANGE ACC TO 100 AS APPROPRIATE.

NAME	RATE	SSN	CLINIC/DR	UIC/CMD	AVAIL DATE
SMITH, R.B.	SN	000000000	ORTHO/PETERS	00207/NAS JAX	92MAR23
JONES, A.J.	MM3	000000001	PSYCHO/WOOD	00204/NAS CECIL	92MAY18

B. FOL PERS EVALUATED AND REC'D FOR ADDL PD OF LIMDU, NOT TO EXCEED 12 TOTAL  
MONTHS OF TLD. FOR PERS-821, REQ ADJ LIMDU EXPIRATION DATE.

NAME	RATE	SSN	CLINIC/DR	UIC/CMD	NEW EXP DATE
MATT, D. NMN	SK2	000000002	ORTHO/PETERS	55467/NTC ORL	92JUL18
WILLIAMS, J.F.	BM3	000000003	INTMED/JONES	00000/NSB KSBAY	92SEP15

C. FOL PERS EVALUATED AND REC'D FOR ADDL PD OF LIMDU, TO EXCEED 12 TOTAL  
MONTHS OF TLD. FOR PERS-821 MEDBD TO BE SUBMITTED FOR DEPARTMENTAL REVIEW.

NAME	RATE	SSN	CLINIC/DR	UIC/CMD	MEDBD DATE
MEADE, D. L.	PN1	000000004	ORTHO/PETERS	00207/NDW	92MAY14

D. FOL PERS EVALUATED AND UNFIT FOR ADDL LIMDU, CASE REFERRED TO PEB.

NAME	RATE	SSN	CLINIC/DR	UIC/CMD	MEDBD DATE
HORNBLOWER, H.	DP2	000000005	ORTHO/PETERS	00207/NAS JAX	92MAR23

E. FOL PERS FAILED TO REPORT FOR SCHEDULED LIMDU REEVALUATION:

NAME	RATE	SSN	CLINIC/DR	UIC/CMD	NEW APPT
FELDERS, L.U.	AT2	000000006	ORTHO/PETERS	00207/NAS JAX	1300/92APR06

2. POC HMC(SS) B.T. PERSON, PATIENT ADMIN (A) 942-7777.//  
BT

EXHIBIT 4

**SAMPLE REEVALUATION APPOINTMENT NOTIFICATION MESSAGE**  
(Use the proper message format containing the following.)

FROM NSBHODP \_\_\_\_\_/--//  
TO PARENT COMMANDS (LIST ALL CMD W/LIMDU PERS FOR WHICH APPOINTMENT REQUESTED)  
INFO PERSUPPDET/PERSONNEL OFFICER REQUESTING REEVAL APPOINTMENT  
BT  
UNCLAS //N06320//  
SUBJ/REEVAL APPT LIMDU PERS//  
MSGIG/GENADMIN/NAVHOSP \_\_\_\_\_/-/-//  
REF/A/RMG/(PERSUPPDET/PERSONNEL OFFICE)000000Z MONTH YR//  
AMPN/REF A IS PSD/PERSONNEL OFFICER REQ FOR LIMDU REEVAL APPT//  
RMKS/1. ADVISE PERS LISTED BELOW DATE/TIME LIMDU REEVAL APPT IS SCHED.

NAME	RATE	SSN	CLINIC/DR	UIC/CMD	TIME/DATE
SMITH, R.B.	SN	000000000	ORTHO/PETERS	00207/NAS JAX	1400/92MAR23
JONES, A.J.	MM3	000000001	PSHYCO/WOOD	00204/NAS CECIL	1300/92MAR22
MATT, D. NMN	SK2	000000002	ORTHO/PETERS	55467/NTC ORL	1430/92MAR23
WILLIAMS, J.D.	BM3	000000003	INTMED/JONES	00000/NSB KSBAY	1230/92MAR15
HORNBLOWER, H.	DP2	000000004	ORTHO/PETERS	00207/NAS JAX	1500/92MAR23
FISHER, E.G.	PNC	000000005	INTMED/JONES	00207/NAS JAX	1330/92MAR15
FELDERS, L.U.	AT2	000000006	ORTHO/PETERS	00207/NAS JAX	1330/92MAR23

2. PERS ARE REQUIRED TO REPORT IN THE UNIFORM OF THE DAY, IN POSSESSION OF APPROPRIATE RECORDS TO INCLUDE LAB WORK, X-RAYS, ETC., TO PATIENT ADMINISTRATIVE OFFICE, LOCATED \_\_\_\_\_, NAVHOSP \_\_\_\_\_, BRIEF. UPON COMPLETION OF REEVAL, MBR WILL BE DIRECTED TO RETURN TO THE PATIENT ADMINISTRATIVE OFFICE FOR STATUS UPDATE.

3. REMIND PERS THAT FAILURE TO COMPLY WITH REEVAL PROCEDURES IS A VIOL UCMJ ARTS 86 AND 92. QUESTIONS SHOULD BE DIRECTED TO EACH MBR'S LIMDU COORDINATOR.

4. POC HMC(SS) B.T. PERSON, PATIENT ADMIN (A) 942-7777.//  
BT